	ARIZONA STATE BOARD OF HEALTH State File No.
	BUREAU OF VITAL STATISTICS Registered No. 2012
	STANDARD CERTIFICATE OF BIRTH
.∥	County State Ch
	District or Township or Village
I	City No. 8t.
	(If birth occurred in a hospital or institution, give its NAME instead of street and i
-	2. Full name of child. Supplemental report, as
	3. Sex of Child To be answered ONLY 4. Twin, triplet or other 6. Legitimate? 7. Date of birth 1 - 1 - 1
1	births. 5. No., in order of birth Month Day Yes?
$\ $	8. FATHER MOTHER
	Full name Landin me Could Wills
-	9. Residence Island 15. Residence Island
į	(Usual place of abode) (Usual place of abode)
į .	If non-resident, give place and state.
	10. Color or race
	11. Age at last birthday (Years) 17. Age at last birthday (Ye.)
	Pueblo Please Vall
3	12. Birthplace (city or place)
	(State or country) (State or country)
	13. Occupation Electrocan 19. Occupation
	Nature of industry Nature of industry
-	20. Number of children of this mother (a) Born slive and now living 21. Were precautions taken against day
1	(Taken as of time of birth of child herein (b) Born alive but now dead that man neonatorum?
.	certified and including this child.) (c) Stillborn
	I hereby certify that I attended the birth of this child, who was born aline at 11 m. on the date above stated.
	*When there was no attending physician
1.	or midwife, then the father, householder, etc., should make this return. A stillborn
\parallel	shows other evidence of life after birth. (Physician or Midwife).
	Given name added from a supplemental report Address Address
	Month, day, year
	Registrar Piled 2/4, 1930 A. C. Charles Registrar
••	145-1101-562-
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